

**Animal Foster Care Program**  
**City of Carpinteria**  
*Fostering the Hope of Forever Homes*



**Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ My preferred contact is: home / cell / daytime / email

Email: \_\_\_\_\_

Are you at least 18 years old?       Yes       No

What type of animal(s) are you interested in fostering?

Dogs       Puppies       Cats       Kittens       Other \_\_\_\_\_

Have you fostered animals before?       Yes       No

If yes, with what organization and what type of animal(s)? \_\_\_\_\_

**Family and Housing**

What type of home do you live in; single family, town home, condo, apartment, farm, etc.?

\_\_\_\_\_

Do you:  Own     Rent - If you rent, do you have your landlord's permission to foster an animal?

Landlord's name and phone number: \_\_\_\_\_

We will verify the property owner of record. If you rent or reside in another person's home, your landlord/home owner will be contacted.

How many adults live with you? \_\_\_\_ Relationship \_\_\_\_\_

How many children live with you? \_\_\_\_ Children's ages \_\_\_\_\_

Do you have the consent from all household members to foster an animal?     Yes       No

Does anyone in the household have allergies to animals?     Yes     No

If so, how will that be addressed? \_\_\_\_\_

What is your household activity level:       Quiet       Some activity       Very active

How would you describe the amount and type of visitors or guests at your residence?

Check all that apply:

- Few Visitors/Guests       Many Visitors/Guests       Teenage Visitors/Guests
- Adult Visitors/Guests       Child Visitors/Guests
- Workers, meter readers, gardeners, etc. have access to the yard and/or residence

When you are home, the foster animal will be:  In the yard    In the house    Other \_\_\_\_\_

How many hours a day (typically), will the foster animal be left alone? \_\_\_\_\_

How many hours a day (typically), will you spend with your foster animal, and what activity will you be engaged in (walking, playing ball, etc.)? \_\_\_\_\_

**For Foster Dogs**

What is your experience with dogs?

- This will be my first dog       I have/had dog(s)       Knowledgeable and experienced

If this will be your first dog, what research or reading have you done in preparation? \_\_\_\_\_

What size dog do you prefer? (Mark all that apply)  Small     Medium     Large     Extra large

While you are away from your residence, this dog will be:

- In the yard     In the house     In a crate     With you     Other: \_\_\_\_\_

How do you plan to keep this dog on your property when it is outside?  Fenced Yard

- Fenced Run/Pen     Invisible Fence/Shock Collar     On Leash     Other: \_\_\_\_\_

If you will keep this dog within a fenced yard or pen, what kind of fence is it? \_\_\_\_\_

How high is the fence at its *lowest* point? \_\_\_\_\_ ft.

How high is the gate at its *lowest* point? \_\_\_\_\_ ft.

If you plan to leave this dog outside unattended, what type of shelter/housing do you intend to provide? \_\_\_\_\_

Where will this dog sleep at night? \_\_\_\_\_

How will you exercise this dog and how often? \_\_\_\_\_

Do you thoroughly understand that there is a leash law in the City of Carpinteria and in the County of Santa Barbara, and that any dog in your care must be leashed at all times when off your property?  Yes  No

Please list any animals (dog and non-dog) that currently live at your residence:

Species	Name	Breed	Age	Sex	Altered (Y/N)

Are their vaccinations current and are your dog(s) licensed?  Yes  No

Do they have any contagious illnesses, even if stable in condition?  Yes  No

Are you able to separate the foster animal(s) from your own pets if necessary?  Yes  No

How do you plan to transport this dog?  Car  Truck  Other: \_\_\_\_\_

If "Truck," please indicate where the dog would be placed:  Cab  Bed

How will you discipline this dog? \_\_\_\_\_

Have you previously attended a basic obedience course with your dog(s)?  Yes  No

Why or why not? \_\_\_\_\_

Do you have a vet?  Yes  No

If yes, what is the name of your vet? \_\_\_\_\_

What would you do with this dog when you travel? \_\_\_\_\_

In case of an emergency, who will care for this dog? \_\_\_\_\_

Please list all the pets for which you have been the guardian in the past 5 years (not including those listed above):

Type	Altered	Age	What happened to this pet?
Cat/Dog	Yes No		
Cat/Dog	Yes No		
Cat/Dog	Yes No		
Cat/Dog	Yes No		
Other	Yes No		
Other	Yes No		

What would you do if the dog was destructive (chewing, barking, digging, house soiling)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you feel is aggressive behavior? \_\_\_\_\_

\_\_\_\_\_

What would you do if this occurred? \_\_\_\_\_

Do you understand that if there is a bite (that breaks the skin) between a dog and a human that it must immediately be reported to the City for a Bite and Quarantine Report?  Yes  No

### **Animal Foster Care Program Statement**

In performing the service specified the Animal Foster Care Program, I acknowledge:

1. I have attended the City of Carpinteria Animal Foster Care Program orientation program and have been given a copy of the Volunteer Manual, which includes a volunteer handbook, my job description, policies and procedures and safety information;
2. I have acquainted myself with what is required to perform my tasks, and represent that I have the skill and ability to perform them and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
3. I will adhere to the safety training provided by the supervisor and assume full responsibility for my own safety;
4. I will perform my volunteer service in compliance with the standards and specifications established for my position.

By signing below, I certify the information I have provided is complete and accurate. I give my permission to the City of Carpinteria to contact my landlord (if applicable.)

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VOLUNTEER WAIVER AND RELEASE

I hereby acknowledge that as a volunteer for the City of Carpinteria in the **Animal Foster Care Program**, I am not an employee of the City of Carpinteria and that I am not covered under the City of Carpinteria workers' compensation plan. I intend to perform voluntary services for the City of Carpinteria without compensation.

As a condition of performing the above referenced volunteer duties, I hereby knowingly and unequivocally waive, release and discharge any and all rights that I, my heirs, assigns, agents or other representatives may have or which hereafter may accrue to me, to file any claim, lawsuit and/or any other cause of action against the City of Carpinteria, its employees, officers, agencies, other volunteers and officials as a result of performing said volunteer services. In granting this full and complete release and waiver of liability on the part of the City of Carpinteria, I specifically waive California Civil Code Section 1542, which states:

A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor.

I expressly desire to release the City of Carpinteria, its employees, officers, agencies, other volunteers and officials from any financial responsibility to me for any personal injury and/or property damage I may incur as a result of my voluntary services, even when it results from the negligence, both active and passive, of the City of Carpinteria and/or its employees.

I understand that accidents and injuries can arise out of my volunteer activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Carpinteria, its employees, officers, agencies, other volunteers and officials, who (through negligence or carelessness) might otherwise be liable to me (or my heirs, assigns, agents or other representatives) for damages.

No promise, inducement, or agreement has been made to me to induce me to release the City of Carpinteria from liability for any personal injury and/or property damage incurred by me as a result of my voluntary services, nor has any promise, inducement, or agreement been made to me in return for the express waiver of rights referred to above.

In consideration for being permitted to participate in the event/class/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify, defend, and hold harmless The City of Carpinteria from any and all claims, demands actions or suits arising out of or in connection with my participation in the event/class/program.

Declaration of Witness

The above individual, in my presence, acknowledged that he/she had read and fully understood the meaning and consequences of the Waiver and Release of All Claims, and he/she signed it in my presence.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Witness:** \_\_\_\_\_